

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **46**

**-63-003222**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis, Mo.</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Mo.</b>  |   | Length of stay in lb  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>J.</b> Middle <b>R.</b> Last <b>Berry</b>  |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>2</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/27/1943</b>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Construction Worker</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Clarkton, Missouri.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>Nolan Berry</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Hester O'Barr</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Nil.</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO.</b>                                   |   |
| 16. SOCIAL SECURITY NO.<br><b>Nil.</b>  |   | 17. INFORMANT<br><b>Nolan Berry, Rt. # 1 Farmington, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Subdural hemorrhage resulting from a fractured Skull; suffered when auto driven by deceased went out of control and overturned 1.4 miles west of Route 'H' in St. Francois County, on January 2, 1963, about 3:00 A.M. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.</b><br>DUE TO (b) <b>Open Verdict</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Open Verdict</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>See Above</b>  |   |
| 20c. TIME OF INJURY<br>Hour <b>3:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Highway 6 S</b>  |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Francois Co., Missouri</b>   |   |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <b>10:10 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE<br><b>Paul J. Simon</b> (Degree or title <b>Deputy Coroner</b> )   |   | 22b. ADDRESS<br><b>1300 Clark</b>   |   |
| 22c. DATE SIGNED<br><b>1/3/63</b>   |   | 22d. STATE<br><b>Missouri</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>1-4-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Malden, Missouri.</b> |
| 24. FUNERAL DIRECTOR<br><b>Landess Funeral Home, Malden, Missouri.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 3 1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>              |

APR 5 1963

JAN 17 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Stanley H. Dixon*

Licensed Embalmer No. *193*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.